

Division of Community Nutrition

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

(Please check only one)

_____ New Form

_____ Correction/Change

WIC IDENTIFICATION NUMBER _____

STORE NAME: _____ ADDRESS: _____ CITY, STATE _____ ZIP CODE: _____ TELEPHONE: () _____

CORPORATE CODE: _____ (WIC Use Only - Do Not Complete this section)

Additional Retailer Specific Information and Acknowledgement Section:

I (we) hereby authorize the Commonwealth of Virginia - WIC Program, herein called the State Agency, to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the State Agency to direct the financial institution(s) to return said funds. These credit transactions should be made to the depository bank named below:

DEPOSITORY BANK NAME: _____ BRANCH: _____ CITY: _____ STATE: _____ ZIP CODE: _____ ROUTING NUMBER: _____ ACCOUNT NUMBER: _____ BANK TELEPHONE NUMBER: () _____ Please verify your routing and account number with your bank or corporate office before completing this section. Savings accounts are ineligible for ACH transactions.

This authorization is to remain in full force and effective until the State Agency has received written notification from me of its change and/or termination. * Only the store manager, owner or an authorized agent should complete this form.

AUTHORIZED AGENT*: _____ (PLEASE PRINT)

TITLE: _____ DATE: _____

- 1. Attach a blank voided check, this agreement may not be processed without a blank voided check, deposit slips are not acceptable and savings accounts are ineligible. 2. Keep a copy of this form and attachments and file in your Virginia WIC Manual. FAX to (804) 864-7851 or Mail Completed Form to: VDH-Division of Community Nutrition 109 Governor Street, 8th Floor, Richmond, VA 23219